Summary

**BD Helping Build Healthy Communities**™ is a multi-year initiative that expands access and improves care for underserved and vulnerable populations throughout the United States. The initiative aims to identify, award, and share successful community health innovations with other safety net providers, officials, and the public to generate awareness of health centers’ unique ability to address community needs. To date, 31 health centers from across the country have received $3.6 million in awards for innovative programs in community health. Information about past winners can be found at [www.directrelief.org/bdhbhc](http://www.directrelief.org/bdhbhc).

In 2018, the initiative, funded by BD and implemented together with Direct Relief and the National Association of Community Health Centers (NACHC), will provide five (5) awards of $200,000 each to community health centers in support of innovative programs in Medication Therapy Management. The funding is to support programs that operate over a two-year period. The funding will be awarded in two installments, where $100,000 will be given immediately and the remaining $100,000 will be awarded at the one-year check-in.

According to the American Pharmacist Association, “Medication Therapy Management is a service or group of services that optimize therapeutic outcomes for individual patients. Medication Therapy Management services include medication therapy reviews, pharmacotherapy consults, anticoagulation management, immunizations, health and wellness programs and many other clinical services. Pharmacists provide medication therapy management to help patients get the best benefits from their medications by actively managing drug therapy and by identifying, preventing and resolving medication-related problems.” Funds from the award should be used to develop or enhance programs related to Medication Therapy Management.

**Additional resources and references for Medication Management Therapy (MTM):**

- Center for Medicare & Medicaid Services (CMS) information related to Part D Medication Therapy Management (MTMP) program requirements and information: [https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM.html](https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM.html)
- Academy of Managed Care Pharmacy (AMCP) MTM paper: [http://www.amcp.org/data/jmcp/Aug%20suppl%20C_S8-S11.pdf](http://www.amcp.org/data/jmcp/Aug%20suppl%20C_S8-S11.pdf)

Award funds will be provided in August and recipients will be honored at an awards dinner with past awardees on Sunday, August 26th in Orlando, FL during the NACHC Community Health Institute (CHI) conference. CEO presence at the awards dinner is required.
Eligibility Criteria

Organizations from all 50 states, D.C., Puerto Rico, and the U.S. Virgin Islands are eligible to apply. Applicants must be federally-qualified health centers, or look-alikes, and NACHC members.

Regional health center consortia and statewide associations are not eligible to apply. Past Award winners may reapply if they have not received funding the past two award cycles.

Background

Throughout the United States, over 24 million people in medically underserved areas receive healthcare at one of over 10,000 community health center sites. These safety net providers deliver demonstrably high-quality primary care and referral services to the nation’s most vulnerable people, despite operating with limited resources.

BD, Direct Relief, and NACHC, recognize the role health centers play within their communities. The addition of Medication Therapy Management programs has been on the rise as many primary care providers move towards a team-based model of care. Health outcomes can be maximized with expertise from team-based care (pharmacist, pharmacy tech, physician, nurse, community health worker, etc.) in managing adverse drug events and through community partnerships with local hospitals, students, retired pharmacists, and others.

Demonstration of Innovative and Successful Models

Many health conditions of patients seen at health centers are not only clinical but are related to broader community health factors. Health centers have taken a prominent role in communities across the U.S. by developing creative strategies to change habits, lifestyles, and health behaviors linked to needs for improved health. Past programs, rooted in community health, provided solutions designed for specific patient populations and considered the needs for patient success; examples include, but are not limited to, programs that effectively address:

- Prevention
- Behavior Modification
- Awareness and Education
- Adherence and Compliance

To encourage these practices and disseminate them throughout the U.S. healthcare safety net, BD Helping Build Healthy Communities is soliciting innovative community-based approaches in Medication Therapy Management through two main objectives:

- Foster the implementation and/or expansion of innovative programs and program concepts that serve as successful models related to Medication Therapy Management programs for underserved and vulnerable populations
- Share information about the program and its strategies with other health centers, clinics, and interested parties

The winners of the BD Helping Build Healthy Communities Awards will be featured at the 2018 NACHC Community Health Institute, held in August in Orlando, FL. The program was a 2017 recipient of the U.S Chamber of Commerce Healthy 10 Awards. Past awards dinners speakers featured Dr. Regina Benjamin, former U.S. Surgeon General and founder of the Bayou Clinic and Congressman Scott Peters of California’s 52nd District. Lessons learned from the winning programs will be shared through a variety of means, including the American Public Health Association’s annual conference, with Direct Relief’s
network of community health centers and free clinics, online blogs, articles, podcasts, videos, NACHC’s *Forum* magazine, conference exhibits and/or posters, and other publicity in conjunction with BD.

**Application Instructions**

The application cycle will include an initial determination of eligibility and review process, as well as a second round that will include onsite visits with health center semi-finalists. Each applicant must fill out the online application following the instructions below:

1. **Profile**
   
   - Health Center Information: Name, Mailing Address, Phone Number
   - UDS Number
   - Tax ID Number
   - Contact Person: Name, Title, Email, Phone

2. **Program Narrative** – each section has maximum character limits (including spaces)
   
   - **Program Title and Executive Summary:** Description of the health center’s program and how it will operate over a two-year period. *(max 1,500 characters)*
   
   - **Organizational Description:**
     - Mission *(max 750 characters)*
     - History *(max 1,500 characters)*
     - Target Population *(max 1,000 characters)*
   
   Applicants must provide the following information for 2017:
   
   - Total number of unduplicated patients
   - Total number of unduplicated uninsured patients
   - Total number of patient encounters
   - Total number of unduplicated patients targeted in program (estimate if the program is new)
   - Total number of pharmacies or dispensaries
   - Total number of pharmacists or FTE equivalents
   - Total number of pharmacy technicians or FTE equivalents

   - **Statement of Need:** Describe the specific needs related to the program. *(max 2,000 characters)*

   - **Program Description:** Summarize your current/proposed program. Include, goals, objectives, activities, timeline, key program staff, interventions used, any challenges faced and (if applicable) any mid-course corrective actions. Describe the program’s design and operation for a two-year period. Describe any efforts or programs in place in regard to medication adherence and/or medication compliance (taking medication as directed by
physician/PA, i.e., correct medication, amount of medication, times per day). Include scheduling details (time of day, time spent at intake, time spent with pharmacist, etc.).

Programs can fall into one of two categories: (max 7,000 characters)

- **Creating Innovation – A New Program for your Health Center**: The proposed program in your health center is new or has been in operation **less than one year** and has demonstrated success or potential success and has high promise for expansion and/or replication. This program may be based on another program that has demonstrated success in another condition or environment (e.g. a program that was developed for hypertension but will be adapted for diabetes). Provide compelling rationale and credible, relevant, clinical, and/or behavioral data points and research to support the program’s success and sustainability.

- **Expanding Innovation – An Existing Program in your Health Center**: The proposed program has been in operation in your health center for **at least one year** and has demonstrated success prevention and/or treatment. Provide compelling rationale and credible, relevant, clinical, and/or behavioral data points and research to support the program’s success and sustainability.

- **Demonstration of Innovation and Success**: Describe how this program is innovative; differentiating factors from other programs in the field; whether the program is based on a proven model that has been implemented in your health center or in other environments (e.g. a hospital, community center). (max 3,500 characters)

- **Documentation of Outcomes**: Identify the performance targets, including baseline of how the program is being measured today or will be measured in the case of a new effort. List the outcomes to be tracked and the method for tracking them. Examples include: number of people served or to be served, health outcomes, measures, and other indicators to show the impact on the patient population before the program began, since program’s inception, and within the last 12 months. For new programs, relevant outcomes measures that indicate the program’s likely success should be included. Include performance targets for each year of the two-year program. (max 3,500 characters)

Each applicant must complete Required Attachment 2: Metrics, Outcomes, and Evaluation, which can be downloaded, completed, and uploaded in the following section.

3. **Potential for Replication by Other Health Centers**: Please share insights of how your health center will develop or has developed and implemented the program. What key issues will be or were addressed? What challenges are you likely to face or have addressed? Include a brief description of what requirements need to be present and how another health center or provider in another healthcare setting could replicate this program. (max 5,000 characters)

In addition, each applicant must complete Required Attachment 3: Program Budget, which can be downloaded, completed, and uploaded in the application. This budget is for the total cost to implement/expand the program over a two-year period, not the award amount only. Examples include: key staff (e.g. 0.15 FTE physician, 0.50 FTE Pharmacist, etc.), space and facilities, supplies, equipment, educational materials, and costs associated with each item.
Required Attachments

- **Required Attachment 1: Signature Page** must be signed by the CEO/Executive Director, the Board Chair, and CMO/Medical Director to be considered for the award – *this is an online form that must be downloaded, completed, and uploaded*

- **Required Attachment 2: Metrics and Outcomes** – *this is an online form that must be downloaded, completed, and uploaded*

- **Required Attachment 3: Program Budget** – *this is an online form that must be downloaded, completed, and uploaded*

Optional Attachments

If you would like to share additional information about the program, there is a maximum of two (2) optional attachments. A 990 report or general health center pamphlet is not necessary.

Timeline

RFP Released: April 4th

**Proposals Due:** May 4th at 5:00 PM PST

Finalists Notified: June 8th

Site Visits: June – July

Award Notification: July 27th

Health Center Week: August 12 – 19, activities TBD

Award Presentation: August 26th at NACHC Community Health Institute, Orlando, FL

Submission

Proposals must be received no later than **May 4th at 5pm PST**. Applicants must submit all materials online at: [www.directrelief.org/bdhbhc](http://www.directrelief.org/bdhbhc)

Awardee Requirements

The program will provide five (5) awards of $200,000 each to community health centers in support of innovative programs in 2018. The funding will be awarded in two installments, where $100,000 will be given immediately and the remaining $100,000 will be awarded at the one-year check-in.

Award recipient requirements include:

- Use of the funds to enhance or expand the program the Award recognizes
- Attendance by CEO/Executive Staff at Awards Dinner August 26, 2018
- Evaluation Plan – Direct Relief and BD will assist in guiding 2-year Evaluation Plan, including identifying goals, outcomes, outputs, activities, risks/mitigations
• Submission of a brief interim narrative report and outcome metrics at 12 months and a final report 24 months after the Award is received – reporting instructions will be provided after receiving the award
• Participation in National Health Center Week activities
• Be available to participate in media or publicity opportunities with BD, Direct Relief, and NACHC related to the Award
• Be available for a potential site visit within the two-year Award period, advanced notice will be given
• In the event that a particular program demonstrates great promise, strong outcomes, and learnings that can be leveraged and applied to other health centers, BD will make a determination for additional funding, based on outcomes

Specific information will be given to Awardees in conjunction with the Award notification.

Questions? Please contact:

Direct Relief
1-877-303-7872 phone
1-805-823-7201 fax
usaprograms@directrelief.org
**BD** is one of the largest global medical technology companies in the world and is advancing the world of health by improving medical discovery, diagnostics and the delivery of care. The company supports the heroes on the frontlines of health care by developing innovative technology, services and solutions that help advance both clinical therapy for patients and clinical process for health care providers. BD and its 65,000 employees have a passion and commitment to help improve patient outcomes, improve the safety and efficiency of clinicians’ care delivery process, enable laboratory scientists to better diagnose disease and advance researchers’ capabilities to develop the next generation of diagnostics and therapeutics. BD has a presence in virtually every country and partners with organizations around the world to address some of the most challenging global health issues. By working in close collaboration with customers, BD can help enhance outcomes, lower costs, increase efficiencies, improve safety and expand access to health care. In 2017, BD welcomed C. R. Bard and its products into the BD family. For more information on BD, please visit [www.bd.com](http://www.bd.com).

**Direct Relief** was established in 1948 with a mission to improve the health and lives of people affected by poverty or emergencies, Direct Relief delivers lifesaving medical resources throughout the world – without regard to politics, religion, ethnic identities, or ability to pay. With operations spanning more than 70 countries and all 50 states in the U.S., Direct Relief is the only charitable nonprofit to obtain Verified Accredited Wholesale Distributor (VAWD) accreditation by the National Association of Boards of Pharmacy. Among other distinctions, Direct Relief earns a perfect score of 100 from independent evaluator Charity Navigator, was listed among the world's most innovative nonprofits by Fast Company, and has received the CECP Directors' Award, the Drucker Prize for Nonprofit Innovation, and the President's Award from Esri for excellence in GIS mapping. For more information, please visit [www.DirectRelief.org](http://www.DirectRelief.org).

The **National Association of Community Health Centers** was founded in 1971, with a mission to promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved populations. NACHC is the membership organization for community health centers nationwide, which provide primary and preventive health care to more than 22 million people from more than 8,000 sites. [www.nachc.org](http://www.nachc.org)